

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. **09/926213** Filing Date _____

Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	I					
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I					
13	I					
14	I					
15	I					
16	I					
17	I					
18	I					
19	I					
20	I					
21	I					
22	I					
23	I					
24	I					
25	I					
26	I					
27	I					
28	I					
29	I					
30	I					
31	I					
32	I					
33	I					
34	I					
35	I					
36	I					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	33	↓	↓	↓		
TOTAL CLAIMS	36					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						